

Payment received in the Payer's bank

Debited to the Payer's account

0401060**PAYMENT ORDER NO. 1****01**

Date

Type of payment

Indicate
an amount
in words

INN 9909075049		KPP 773860001		Amount			
US Embassy				Account No.	40807810900500310073		
Payer				BIK	044525202		
Commercial Bank Citibank CJSC, Moscow				Account No.	30101810300000000202		
Payer's Bank				BIK	044583001		
Branch 1, Moscow Regional Department of the Bank of Russia in Moscow 705				Account No.			
Receiver's Bank				Account No.	40101810800000010041		
INN 7703363868		KPP 770301001		Type of payment	01	Terms of payment	3
Federal Treasury Department in Moscow (for Main Office – Branch of the Pension Fund of Russia in Moscow and Moscow region)				Name of payment		Priority of payment	
				Code		Res. field	
Receiver							
39210202101081011160	45286575000	TH	MC.01.2012	0	0	B3	
{V070010}							
Federal Fund of Obligatory Medical Insurance, Reg. No. MC-38-16822, INN 9909075049 (US Embassy)							

Purpose of payment

Signatures

Notes of the bank

Stamp here

Payment received in the Payer's bank

Debited to the Payer's account

0401060**PAYMENT ORDER NO. 2****02**

Date

Type of payment

Indicate
an amount
in words

INN 9909075049	KPP 773860001	Amount				
US Embassy		Account No.	40807810900500310073			
Payer		BIK	044525202			
Commercial Bank Citibank CJSC, Moscow		Account No.	30101810300000000202			
Payer's Bank		BIK	044583001			
Branch 1, Moscow Regional Department of the Bank of Russia in Moscow 705		Account No.	40101810800000010041			
Receiver's Bank		Account No.	40101810800000010041			
INN 7710326120	KPP 773301001	Type of payment	01	Terms of payment	04	
Federal Treasury Department of the Ministry of Finance of the Russian Federation in Moscow (for Interdistrict Inspection No. 47 in Moscow)		Name of payment		Priority of payment		
Receiver		Code		Res. field		
18210102010011000110	45286575000	TH	MC.01.2012	0	0	HC
{V070010}						
Income tax, INN 9909075049 (US Embassy)						

Purpose of payment

Signatures

Notes of the bank

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Payment received in the Payer's bank

Debited to the Payer's account

0401060**PAYMENT ORDER NO. 3****01**

Date

Type of payment

Indicate
an amount
in words

INN 9909075049	KPP 773860001	Amount			
US Embassy		Account No.	40807810900500310073		
Payer		BIK	044525202		
Commercial Bank Citibank CJSC, Moscow		Account No.	30101810300000000202		
Payer's Bank		BIK	044583001		
Branch 1, Moscow Regional Department of the Bank of Russia in Moscow 705		Account No.			
Receiver's Bank		Account No.	40101810800000010041		
INN 7703363868	KPP 770301001	Type of payment	01	Terms of payment	3
Federal Treasury Department in Moscow (for Main Office – Branch of the Pension Fund of Russia in Moscow and Moscow region)		Name of payment		Priority of payment	
		Code		Res. field	
Receiver					
39210202020061000160	45286575000	TH	MC.01.2012	0	0
{V070010}					
Pension Fund of Russia (funded component), Reg. No. 087-121-080044, INN 9909075049 (US Embassy)					

Purpose of payment

Signatures

Notes of the bank

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Payment received in the Payer's bank

Debited to the Payer's account

0401060**PAYMENT ORDER NO. 4****01**

Date

Type of payment

Indicate
an amount
in words

INN 9909075049	KPP 773860001	Amount				
US Embassy		Account No.	40807810900500310073			
Payer		BIK	044525202			
Commercial Bank Citibank CJSC, Moscow		Account No.	30101810300000000202			
Payer's Bank		BIK	044583001			
Branch 1, Moscow Regional Department of the Bank of Russia in Moscow 705		Account No.	40101810800000010041			
Receiver's Bank		Account No.	40101810800000010041			
INN 7703363868	KPP 770301001	Type of payment	01	Terms of payment	3	
Federal Treasury Department in Moscow (for Main Office – Branch of the Pension Fund of Russia in Moscow and Moscow region)		Name of payment		Priority of payment		
		Code		Res. field		
Receiver						
39210202010061000160	45286575000	TH	MC.01.2012	0	0	B3
{V070010}						
Pension Fund of Russia (insurance component), Reg. No. 087-121-080044, INN 9909075049 (US Embassy)						

Purpose of payment

Signatures

Notes of the bank

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Payment received in the Payer's bank

Debited to the Payer's account

0401060**PAYMENT ORDER NO. 5****08**

Date

Type of payment

Indicate
an amount
in words

INN 9909075049	KPP 773860001	Amount			
US Embassy		Account No.	40807810900500310073		
Payer		BIK	044525202		
Commercial Bank Citibank CJSC, Moscow		Account No.	30101810300000000202		
Payer's Bank		BIK	044583001		
Branch 1, Moscow Regional Department of the Bank of Russia in Moscow		Account No.			
Receiver's Bank		Account No.	40101810800000010041		
INN 7710030933	KPP 770701001	Type of payment	01	Terms of payment	3
Federal Treasury Department in Moscow (Main Office – Moscow Regional Office of the Social Insurance Fund of the Russian Federation)		Name of payment		Priority of payment	
		Code		Res. field	
Receiver					
39310202090071000160	45286575000	TH	MC.01.2012	0	0
{V070010}					
Social Insurance Fund, Reg. No. 7730004971, INN 9909075049 (US Embassy)					

Purpose of payment

Signatures

Notes of the bank

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Payment received in the Payer's bank

Debited to the Payer's account

0401060**PAYMENT ORDER NO. 6****08**

Date

Type of payment

Indicate
an amount
in words

INN 9909075049	KPP 773860001	Amount					
US Embassy		Account No.	40807810900500310073				
Payer		BIK	044525202				
Commercial Bank Citibank CJSC, Moscow		Account No.	30101810300000000202				
Payer's Bank		BIK	044583001				
Branch 1, Moscow Regional Department of the Bank of Russia in Moscow		Account No.					
Receiver's Bank		Account No.	40101810800000010041				
INN 7710030933	KPP 770701001	Type of payment	01	Terms of payment	3		
Federal Treasury Department in Moscow (Main Office – Moscow Regional Office of the Social Insurance Fund of the Russian Federation)		Name of payment		Priority of payment			
		Code		Res. field			
Receiver	39310202050071000160	45286575000	TH	MC.01.2012	0	0	B3
{V070010}							
Social Insurance Fund – traumatism (0.4%), Reg. No. 7730004971, INN 9909075049 (US Embassy)							

Purpose of payment

Signatures

Notes of the bank

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To be submitted before or on 15th day of a calendar month, following the reporting period, to a territorial office of the Russian Federation Social Insurance Fund

Appendix 1
To Order of the Ministry of Health and Social Development of Russia
dated 28.02.2011 No. 156H

Form-4 SIF RF

Insurant's registration number

 /

Page

Subordination code

**CALCULATION
of accrued and paid insurance fees on account of obligatory social insurance in the event of temporary disability and maternity, and obligatory social insurance for job-related injuries and occupational diseases, as well as of expenses connected with payment of insurance coverage**

Correction number

Reporting period (code) /

Calendar year

(000 – initial, 001, etc. – correction number)

(03 – 1 quarter; 06 – 6 months; 09 – 9 months; 12 – year / 01, 02, etc. – upon application for allocation of funds necessary for payment of insurance coverage)

(full name of an organization, independent unit / full name, individual entrepreneur, individual)

INN

Code according to OKATO

KPP

Code according to OKVED

OGRN (general state registration number) (OGRNIP: general state registration number of an individual entrepreneur)

Code according to OKPO

Code according to OKOPF

Contact phone

Code according to OKFS

Registration address: Insurant's code

building (block) flat (office)

Average number of employees

Calculation is issued on pages

including:

women

Originals or copies of supporting documents are attached on pages

working invalids

employees working in hazardous and (or) harmful environment

I do confirm authenticity and completeness of information contained in this calculation

1 – Insurant
2 – authorized representative of an Insurant

(surname, name, patronymic)

Signature _____ Date . .

Stamp here

Power of Attorney issued to a representative

To be filled in by an officer of the Fund
Information on calculation

This calculation is issued (code) /

Originals or copies of supporting documents are attached on pages

Date of calculation . .

(Full name)

(Signature)

To be compiled and submitted on a quarterly basis (progressive total)
before or on 15th day of a calendar month, following the reporting period, to a territorial office
of the Russian Federation Pension Fund (further – PFR) in the place of registration

Appendix
to Order of the Ministry of Health and Social Development of Russia
dated November 12, 2009 No. 894n

Form PCB-1 PFR

Registration number in PFR

Page

CALCULATION

of accrued and paid insurance fees for obligatory pension insurance in the Pension fund of the Russian Federation, insurance fees for obligatory medical insurance in the Federal Fund of Obligatory Medical Insurance* and territorial funds of obligatory medical insurance** by payers of insurance fees who make payments and other considerations to individuals

Correction number <input type="text"/> <input type="text"/> <input type="text"/>	Reporting period (code) <input type="text"/> <input type="text"/>	Calendar year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(000 – initial, 001-999 – correction number) (03 – 1 quarter; 06 – 6 months; 09 – 9 months; 12 – year)		
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(full name of an organization, independent unit / full name, individual entrepreneur, individual)		
TFOMS registration number (territorial fund of obligatory medical insurance) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Code according to OKATO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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<p>I do confirm authenticity and completeness of information contained in this calculation</p> <p><input type="checkbox"/> 1 – insured</p> <p><input type="checkbox"/> 2 – authorized representative of an insured</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(surname, name, patronymic)</p> <p>Signature <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Stamp here <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Power of Attorney issued to a representative</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>To be filled in by an officer of the PFR</p> <p>Information on calculation</p> <p>This calculation is issued (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Originals or copies of supporting documents are attached on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date of calculation*** <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(Full name) _____ (Signature) _____</p>
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* further – FFOMS

** further – TFOMS

*** Date of submission of calculation in person or by proxy, if sent by post – date of posting of a letter with a list of contents, if sent by e-mail – date of sending as recorded by a transport (postal) server of a certification center

Code according to OKUD

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LIST OF INFORMATION to be provided by an insurant to PFR

Number of original packages of documents

Number of correction (cancellation) packages of documents

INN _____ KPP _____

1 quarter ☐ 6 months ☐ 9 months ☐ year: ☐ Calendar year

Reporting period 2010: 6 months ☐ year:

Original information:							
No.	Code of insured's category	Amount of insurance fees paid for insurance component of retirement pension		Amount of insurance fees paid for funded component of retirement pension		Number of insureds	File name (registry number)
		Accrued	Paid	Accrued	Paid		
Insured's total:							

No.	Code of insured's category	Amount of insurance fees paid for insurance component of retirement pension	Amount of insurance fees paid for funded component of retirement pension	Number of insureds	File name (registry number)
Insured's total:					

Print name

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Exhibit K

Form C3B-6-1

Code according to OKUD Code according to OKPO

**INFORMATION ON ACCRUED AND PAID INSURANCE FEES
FOR OBLIGATORY PENSION INSURANCE
AND INSURANT'S PENSIONABLE SERVICE**

Insurant's details:

PFR registration number Name (short) INN KPP Code of insured's category Date of submission to PFR " "

Reporting period:

1 quarter 6 months 9 months year: Calendar year Reporting period 2010: 6 months year: Type of information: - original

<input type="text"/> - correction	for reporting period: 1 quarter <input type="text"/> 6 months <input type="text"/> 9 months <input type="text"/> year: <input type="text"/>
<input type="text"/> -cancellation	Calendar year <input type="text"/>

Information on insurant:

Surname, name, patronymic	Insurance number	Address for sending information on status of individual personal account	Amount of insurance fees paid for insurance component of retirement pension		Amount of insurance fees paid for funded component of retirement pension	
			Accrued	Paid	Accrued	Paid
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Period of work for the past three months (six months in 2010) of a reporting period:

No.	Start of period from (day/month/year)	End of period through (day/month/year)	Region specific conditions (code)	Specific labor conditions (code)	Estimate of pensionable service		Conditions for preliminary assignment of retirement pension	
					reason (code)	additional information	reason (code)	additional information
				</				

REGISTRY**ON INFORMATION ON ACCRUED AND PAID INSURANCE FEES FOR OBLIGATORY PENSION INSURANCE
AND INSURANT'S PENSIONABLE SERVICE**

Details of insurant submitting the registry:

PFR registration number INN KPP Name of organization (short) Code of insured's category

Date of submission to PFR "____" ____

Type of information: ☐ - originalReporting period: 1 quarter ☐ 6 months ☐ 9 months ☐ year Calendar year Reporting period 2010: 6 months ☐ year Number of insurants according to the registry ☐ - correction☐ - cancellationFor reporting period: 1 quarter ☐ 6 months ☐ 9 months ☐ year ☐ Calendar year **Insurance fees for the past three months (six months in 2010) of a reporting period by each insurant**

No.	Insurant's full name	Insurance number of an individual personal account	Address for sending information on status of individual personal account	Amount of insurance fees paid for insurance component of retirement pension		Amount of insurance fees paid for funded component of retirement pension		Employment period	
				Accrued	Paid	Accrued	Paid	from (day/month/year)	through (day/month/year)
1	2	3	4	5	6	7	8	9	10
Total according to the registry:									

Chief's position

Signature

Print name

Date

Stamp here

Form A/IB-6-4

Code according to OKUD Code according to OKPO

**List of documents containing information on amounts
of fees and other considerations, insurance fees accrued
by payers of insurance fees - insurants in favor of an individual**

Details of payer of insurance fees - insurant:

Registration number in PFR Name (short) INN KPP Code of insured's category

Contract (type of contract) with insured:

☐ - Employment contract☐ - Civil law contractReporting period: year Notes:

Type of information:

☐ - original☐ - corrections☐ - cancellation

Description of incoming document	Number of documents in a package
Information on amount of fees and other considerations paid by payers of insurance fees - insurants in favor of an individual (Form C3B-6-3)	

To be completed for a package of documents accompanied by documents in electronic form:

Number of a package of documents assigned by an insurant

Number of a package of documents in the territorial office of PFR

Number/year

	Information on amount of fees and other considerations	
	Amount of fees and other considerations accrued in favor of an individual	including: insurance fees accrued for obligatory pension insurance
Total amount accrued		

Chief's position

Signature

Print name

Date

Stamp here

Form C3B-6-3

Code according to OKUD Code according to OKPO

**INFORMATION ON THE AMOUNT OF FEES AND OTHER CONSIDERATIONS,
INSURANCE FEES ACCRUED BY PAYERS OF INSURANCE FEES - INSURANTS IN FAVOR OF
AN INDIVIDUAL**

Surname Name Patronymic Insurance number Reporting period: year Code of insured's category

Contract (type of contract) with insured:

☐ - Employment contract☐ - Civil law contract

Type of information:

☐ - original☐ - corrections☐ - cancellation**Information on payer of insurance fees - insurant:**Registration number in PFR INN KPP Name of organization (short) **Information on amount of fees and other considerations**

Month	Amount of fees and other considerations accrued in favor of an individual	Including: insurance fees accrued for obligatory pension insurance
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total		

Chief's position

Signature

Print name

Date

Stamp here

**REGISTRY
OF INFORMATION ON PERSONAL INCOME FOR 2011**

in _____

Tax agent: _____

INN/KPP of tax agent: _____

Sender: Occupation _____ Full name _____

Number of submitted documents (Certificate of income): _____

SUBMITTED DOCUMENTS:

No. of certi- ficate	Full name	Tax rate	Total amount of income	Total amount of tax computed	Total amount of tax withholding
Total:					

Signature of tax agent _____

Stamp here

Date of submission to tax authority _____

Date of acceptance by tax authority _____

Signature of an officer of tax authority _____

Form Code as per KND 1151078

1.2. Name of the organization / Family name, given name, patronymic of the individual

Month	Income	Income	Deduction	Deduction
-------	--------	--------	-----------	-----------

[illegible]

Deduction Code	Deduction Sum

4.3. Date confirmation was issued 4.4. Code of the tax authority issuing the confirmation

5.1. Total amount of income	
5.2. Total taxable amount	
5.3. Total assessed tax amount	
5.4. Amount of tax withheld	
5.5. Amount of tax transferred*	
5.6. Amount of tax overwithheld by the tax agent	
5.7. Amount of tax not withheld by the tax agent	

Stamp here

* Clause to be filled out in relation to tax amounts assessed from income received since 2011.

INN Appendix to the Order of the Federal Internal Revenue
Service of the Russian Federation dated 29.03.2007
No. MM-3-25/174@

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KPP Page

Form according to KND 1110018

**Information
on average number of employees
for the previous calendar year**

To be submitted to _____ Code
(tax authority)

(full name of organization / surname, name, patronymic of an individual entrepreneur)

Average number of employees as of = =
(day/month/year)*

is equal to employees

* In the event of submission of information on average number of employees for the previous calendar year, specify 1st of January of a current year, in case of establishment (reorganization) of an organization, specify the first day of a month following a month in which an organization is established (reorganized).

**I do confirm authenticity and completeness of
information presented:**

For organization

Director _____
(Surname, name, patronymic (in full))

Signature _____ Date = =
Stamp here

For individual entrepreneur

Signature _____ Date = =

Representative

(full name of organization / (surname, name, patronymic))

Signature _____ Date = =
Stamp here

(document confirming powers of a representative, copy of such document is
attached)

To be filled in by an officer of a tax authority

Date of submission = =

Registration number

(Surname, initials)

(signature)

Appendix 2

To the Procedure for approval of the main economic activity of an insurant under obligatory social insurance plan in respect of job-related injuries and occupational diseases – legal entity, and types of economic activities of subdivisions of an insurant, which are independent classification units, as approved by the Order of the Ministry of Health and Social Development of Russia dated January 31, 2006 No. 55

(day)	(month (in words))	(year)

Confirmation of main economic activity

1. Name of organization _____
2. INN _____
3. Date and place of registration, registration number (according to the Unified State Register of Legal Entities) _____
4. Date of commencement of business activity _____
5. Legal address _____
6. Full name of the director _____
7. Full name of the chief accountant _____
8. Average number of employees in the previous year _____
9. Distribution of profits and revenues in the previous financial year¹:

Code according to OKVED	Description of type of economic activity	Income for each type of economic activity (thousand rubles)	Special purpose receipts and funding (including budget funding, grants, etc.) (thousand rubles)	Share of profits and receipts corresponding to OKVED code for this type of economic activity in the total amount of profits and receipts (%)	Number of employees ²
1	2	3	4	5	6
Total:				100%	

¹ To be completed based on financial statements for previous year

¹ To be completed by non-commercial organizations

10. Description of the main type of economic activity _____

OKVED code

--	--	--	--	--	--	--	--

Director

(signature)

(print name)

Chief Accountant

(signature)

(print name)

Stamp here